November 14, 2003

Dear DCS Vendor:

You recently received correspondence from the Department of Children's Services (DCS) regarding our assessment of contractor awareness and preparedness for the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As noted in the correspondence, the provisions of HIPAA apply to any entity that is one of the following:

- A health care provider that conducts certain transactions in electronic form
- A health care clearinghouse
- A health plan

The previous correspondence was incomplete and we are providing this updated information to you.

In addition to the corrected certification of covered entity status on page 2, enclosed with this correspondence is the HIPAA Transactions and Code Sets Contingency Agreement, a letter from the Centers for Medicaid and Medicare Services, and a copy of a provider outreach document that is geared to HIPAA transactions and code sets.

When you return your certification of whether your organization is a covered entity, please also include the HIPAA Transactions and Code Sets Contingency Agreement, if required. Please have the Chief Executive Officer of your organization, or the person with contracting authority affix an original signature to both the certification on page 2 of this correspondence as well as to the contingency agreement, in the previously provided postage paid envelope.

These items should be returned to DCS not later than December 1, 2003.

Thank you for your cooperation.

Sincerely,

Elizabeth S. Baldwin
Assistant Commissioner for Fiscal and Administrative Services

Enclosures

Name of Organization _____

Date _____

I hereby certify, to the best of my knowledge, that the above named organization:
(*Please check all that apply.*)

1. _____**IS** A COVERED ENTITY under HIPAA

2. _____PERFORMS AT LEAST ONE OR MORE OF THE ELECTRONIC TRANSACTIONS COVERED UNDER HIPAA WITH DCS.

(If you checked option 2 above, please sign and return the enclosed HIPAA Transactions and Code Sets Contingency Agreement.)

3. _____IS **NOT** A COVERED ENTITY under HIPAA

4. _____IS A HEALTH CARE PROVIDER BUT DOES NOT PERFORM ELECTRONIC TRANSACTIONS COVERED BY HIPAA

5. _____USES OR DISCLOSES INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE COURSE OF DOING BUSINESS WITH DCS

If you checked option 5 above, please indicate the purposes for which your organization uses or discloses individually identifiable health information below:

_____For treatment purposes

_____To submit claims for payment

____Other, including Health Care Operations, please specify below:

_____
_____
_____
_____
_____

_____
Signature of Chief Executive Officer/President/Owner

_____
Printed Name